Prude V. Dixon, Case#23-CV-1233

Exhibit#1
Pages 1 of 19

DEPARTMENT OF CORRECTION Division of Adult Institutions Division of Juvenile Corrections DOC-3035B (Rev. 2/2019)

WISCONSIN

PSYCHOLOGICAL SERVICE REQUEST

- USE THIS FORM TO COMMUNICATE WITH THE PSYCHOLOGICAL SERVICES UNIT (PSU).

 USE THE BLUE DOC-3035 HEALTH SERVICE REQUEST IF YOUR REQUEST IS RELATED TO PSYCHIATRIC MEDICATION OR PSYCHIATRIC SERVICES

PLACE ALL P. PRINT CLEAR		FORM IN THE DESIGNATION	ED COLLECTION LOCATI	ON.	
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DEPARTMENT OF CORRECTIONS
Division of Adult Institutions

Da of 19 Pages
HEALTH SERVICE REQUEST

WISCONSIN

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DEPARTMENT OF CORRECTIONS Division of Adult Institutions DOC 3035 (Rev. 8/2022)

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AND COPAYMENT DISBURSEMENT AUTHORIZATION

WISCONSIN Administrative Code Chapter DOC 316

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EXhibit #1
DEPARTMENT OF CORRECTIONS
Division of Adult Institutions
DOC-3035 (Rev. 8/2022)

[4 of 19 Pages]

HEALTH SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION WISCONSIN Administrative Code Chapter DOC 318

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TEXHIBIT#1] [5 of 19 Pages

DEPARTMENT OF CORRECTIONS Division of Adult Institutions DQC-3035 (Rev. 8/2022)

AND COPAYMENT DISBURSEMENT AUTHORIZATION

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[Exhibit#1] [6 of 19 Pages]

DEPARTMENT OF CORRECTIONS Division of Adult Institutions DOC-3035 (Rev. 8/2022)	HEAL AND CORAVMENT	TH SERVICE RE	OHEST	WISCONSIN .
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Exhibit#1 17 of 19 Pages WISCONSIN DEPARTMENT OF CORRECTIONS HEALTH SERVICE REQUEST Administrative Code Division of Adult Institutions DOC-3035 (Rev. 8/2022) Chapter DOC 316 AND COPAYMENT DISBURSEMENT AUTHORIZATION NOTIFY ANY FACILITY STAFF IF YOUR HEALTH CARE NEED IS AN EMERGENCY ⇔ DOC NUMBER PRINT FIRST NAME PRINT LAST NAME TODAY'S DATE HOUSING UNIT FACILITY NAME COPAYMENT DISBURSEMENT REQUEST SECTION AGREEMENT BY PATIENT: I understand the following . The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required I will not be denied care if I am unable to pay the copayment. . By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required. PATIENT SIGNATURE TO BE COMPLETED BY HSU ONLY RECEIVED OPTICAL ☐ DENTAL MEDICAL (Nurse, Doctor/NP/PA) Charge Copayment: Yes No 10 04 200 DATE OF SERVICE AUTHORIZED STAFF SIGNATURE TO BE COMPLETED BY INMATE PATIENT - HEALTH SERVICE REQUEST SECTION Be sure to include today's date on top of form. Check the appropriate box below, and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The HSU will send a copy back to you indicating that your request has been received. ☐ HEALTH CARE RECORD REVIEW ☐ COPIES FROM HEALTH CARE RECORD (List records below) HEALTH SERVICES ☐ INFORMATION PSYCHIATRIST OTHER: Please provide a brief description below of the services you desire so that HSU can respond to your request appropriately DATE RECEIVED: TO BE STAMPED BY HSU essa stabbeas FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS PATIENT: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY HSU ONLY HSU RESPONSE Check appropriate box below. Add written comments / information as needed. Nursing Sick Call: Today Date (if not today): Scheduled to be seen in HSU ACP RN/LPN Special Needs Evaluation Optical Other: Refer HSR to: ACP HSU Manager Psychiatrist MPAA Optical Other: Refer for Health Care Record review appointment Refer for copies only: Other: Teducational material attached (Specify): COMMENT / INFORMATION A reserval to the mo is placed, not yet excheduled Please unawate if you need to one nursing exement. DATE OF HSU RESPONSE PRINT STAFF NAME DISTRIBUTION: Original - Internal Paper Record, PR Patient Request Folder;

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DEPARTMENT OF CORRECTIONS Division of Adult Institutions DOG 3036 (Rev. 8/2022)

[Exhibit#1

AND COPAYMENT DISBURSEMENT AUTHORIZATION

WISCONSIN Administrative Code Chapter DOC 316

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DEPARTMENT OF CORRECTION Division of Adult Institutions Division of Juvenile Corrections DOC-3035B (Rev. 2/2019) [Exhibit#1] [9 of 19 Pages]

WISCONSIN

PSYCHOLOGICAL SERVICE REQUEST

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DEPARTMENT OF CORRECTIONSDivision of Adult Institutions DOC-0643 (Rev. 8/2022) EXhibit#1

INTERVIEW/INFORMATION REQUEST SOLICITUD PARA INFORMACION / ENTREVISTA 10 of 19 Pages

Instruction to Inmate: Do not use this form to contact health staff. Use a Health, Dental or Psychological Service Request. Instruccionos para Rociusos: No utilice este formulario para comunicarse con el personal de cuidados de salud. Utilice una solicitud de servicio de cuidados de salud, dentales o psicológicos.

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[Exhibit#1]

DEPARTMENT OF CORRECTIONS Division of Adult Institutions DOC-3035 (Rev. 8/2022)



[12 of 19 Pages]

AND COPAYMENT DISBURSEMENT AUTHORIZATION

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[Exhibit#1][13 of 19 Pages] Wisconsin

DEPARTMENT OF CORRECTIONS Division of Adult Institutions DOC-3035 (Rev. 8/2022)

AND COPAYMENT DISBURSEMENT AUTHORIZATION

Administrative Code Chapter DOC 316

	PRINT FIRST NAME		DOC NUMBER
Mude	Tellance	18. W	335474
FACILITY NAME	HOUSING UNIT		TODAY'S DATE
GBCI	Treatment	Center/3 a)	13-30-23 Thursday
. I will not be denied care if I am unable to	rge a copayment of \$7.50 for a vis pay the copayment t for disbursement of my funds for	the copayment at the time	tiated by a patient when a copayment is required. a of the visit when a copayment is required as a visit when a copayment is required.
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[Exhibit#1] [14 of 19 Pages]

DEPARTMENT OF CORRECTIONS
Division of Adult (natitulions
DOC-3035 (Rev. 8/2022)

AND COPAYMENT DISBURSEMENT AUTHORIZATION

WISCONSIN Administrative Code Chapter DOC 316

e NOTIFY ANY FACILIT	Y STAFF IF YOUR HEA	LTH CARE N	EED IS AN EMERG	ENCY 🗢
PRINT LAST NAME	PRINT FIRST NAME		DOC NUMBER	
Pride	Tellance		335474	
FACILITY NAME	HOUSING UNIT	1	TODAY'S DATE	
GBCT	Treatment Cente	ucell'3al	3-50-23	Thursday
COPAYMENT DISBURSEMENT REQUES AGREEMENT BY PATIENT: Lunderstand the following: The Department of Corrections shall charge I will not be denied care if Lam unable to pay By signing below, Lam initiating a request for Failure to sign below will NOT prevent the co	a copayment of \$7.50 for a visit (face the copayment of my funds for the co	payment at the time of	of the visit when a copayment i	is required.
PATIENT SIGNATURE				
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14 of 4 [Exhibit#1] [15 of 19 Pages]

HEALTH SERVICE REQUEST

WISCONSIN Administrative Code Chapter DOC 316

DEPARTMENT OF CORRECTIONS Division of Adult Institutions DOC-3035 (Rev. 8/2022)

AND COPAYMENT DISBURSEMENT AUTHORIZATION

é NOTIFY ANY FACILITY S	TAFF IF YOUR HEALTH	CARE NEED IS AN	NEMERGENCY ←
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Yiude Man	Tellance	3354	678
######################################	HOUSING UNIT	TODAY'S DA	
GBCX	Ireatment Center	8/1/28/11/28	3-30-23 Thursday
COPAYMENT DISBURSEMENT REQUEST SE	ECTION		
AGREEMENT BY PATIENT: Lunderstand the following:			
The Department of Corrections shall charge a coparable for the control of th		ontact) initiated by a patient	when a copayment is required.
 I will not be denied care if I am unable to pay the or By signing below, I am initiating a request for disbu 		at the time of the visit when	a copayment is required.
Fallure to sign below will NOT prevent the copayment	ent from being withdrawn from my accou	int following a visit when a c	opayment is required.
PATIENT SIGNATURE			CODY
TO BE COMPLETED BY HSU ONLY			
☐ MEDICAL (Nurse, Doctor/NP/PA) Charge Copayment: ☐ Yes ☐ No	☐ DENTAL ☐ OPTICA	L	
AUTHORIZED STAFF SIGNATURE		DATE OF SERVICE	
		and the same	
TO BE COMPLETED BY INMATE PATIENT - H	JEALTH SERVICE DECLIEST SEC	TION	
Be sure to include today's date on top of form. Check t			ided Plans all a range of the
completed form in the sick call box. The HSU will send			
HEALTH SERVICES HEALTH CAR	E RECORD REVIEW COPIL	ES FROM HEALTH CAR	E RECORD (List records below)
PSYCHIATRIST INFORMATION	N		
NOTHER: Need immediate mother	layed, medical treatment		
lease provide a brief description below of th	ne services you desire so that HSI	J can respond to your r	
esponses (written) on these HSRs the	at News coming Marine is could	on made live in the	DATE RECEIVED: TO BE STAMPED BY HSU
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ISU RESPONSE Check appropriate box below.	Add written comments / informatio	n as needed.	
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	RN/LPN [] Special Needs Evalue		Caculan
Refer HSR to: ACP HSU Manage	er 🗌 Psychiatrist 🔲 MPAA 📗	Optical Other:	
Refer for copies only:		Refer for Health Care F	Record review appointment.
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[Exhibit#1] [16 of 19 Pages]

DEPARTMENT OF CORRECTIONS Division of Adult Institutions DOC-3035 (Rev. 8/2022)

AND COPAYMENT DISBURSEMENT AUTHORIZATION

WISCONSIN Administrative Code Chapter DOC 318

é NOTIFY ANY FACILITY	STAFF IF YOUR HEAL	TH CARE NEED IS	AN EMERGENCY ⇔
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FACILITY NAME	HOUSING UNIT	Z TODAY'S	it and a second second
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COPAYMENT DISBURSEMENT REQUEST AGREEMENT BY PATIENT: I understand the following: The Department of Corrections shall charge a compartment of the Lamber of	opayment of \$7.50 for a visit (face to a copayment. abursement of my funds for the copa	yment at the time of the visit wh	en a copayment is required.
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DEPARTMENT OF CORRECTIONS
Division of Adult Institutions
DOC-3035 (Rev. 2/2019)

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Exhibit#1月7 of 19 Pages]

AND COPAYMENT DISBURSEMENT AUTHORIZATION

WISCONSIN Adm, Code Ch. DOC 316

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DEPARTMENT OF CORRECTIONS Division of Adult Institutions DOC-3035 (Rev. 2/2019) [3 of 37 [Exhibit#1] [18 of 19 Pages]

HEALTH SERVICE REQUEST

AND COPAYMENT DISBURSEMENT AUTHORIZATION

WISCONSIN Adm. Code Ch. DOC 318

é NOTIFY ANY FACI	LITY STAFF IF YOUR HE	ALTH CARE NE	ED IS AN E	MERGENCY 🗢	
PRINT LAST NAME	PRINT FIRST NAME		DOC NUMBER	1	
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FACILITY NAME	HOUSING UNIT		TODAY'S DATE		(
GBCI	1 904/E-0	3	4-11-2	1023 Tyes	day
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[Exhibit#1] [19 of 19 Pages]

DEPARTMENT OF CORRECTIONS Division of Adult Institutions DOG-3036 (Rev. 8/2022)

HEALTH SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION

WISCONSIN Administrative Code Chapter DOC 318

PRINT LAST NAME			EMERGENCY =
	PRINT FIRST NAME	DOC NUMBER	-7/)
Prude	lellance	2554	16
FACILITY NAME	HOUSING UNIT	TODAYIS DATE	2003
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COPAYMENT DISBURSEMENT REQUES AGREEMENT BY PATIENT: I understand the following: The Department of Corrections shall charge a I will not be denied care if I am unable to pay By signing below, I am initiating a request for Failure to sign below will NOT prevent the cor	consyment of \$7.50 for a visit (face the consyment.	payment at the time of the visit when a	copayment is required.
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Prude V. Dixon, Case # 23-CV-1233

Exhibit#2
Pages 1 of 13

Prude, Terrance MRN: 59332830, DOB: 4/29/1982, Sex: M

03/11/2023 - ED to Hosp-Admission (Discharged) in SVG 8 Surgical

Discharge Summary

Discharge Summary by Derrick J Ferry, APNP at 3/12/2023 1054

Discharge Summary Trauma and Acute Care Surgery

Name: Terrance Prude DOB: 4/29/1982 MRN: 59332830

Admit Date: 3/11/2023

Discharge Date: 3/12/2023

Admitting Provider: Maymoona A Attiyat, MD

Discharging Provider: Maymoona Attiyat, MD

Primary Care Provider: No primary care provider on file.

Reason for Admission: Stab wound of neck

Discharge Diagnosis / Plan:

Stab wound of neck

Surgeries/Procedures:

Procedures: esophogram, intraop bronchoscopy - both negative for injury Surgery: neck wound exploration with removal of foreign body, control of bleeding

Consultations:

None

History of Present Illness:

Terrance Prude is a(n) 40-year-old male currently incarcerated reportedly was assaulted with a plastic object which penetrated the left side of his neck. Bleeding is controlled on arrival. The patient denied any nausea or vomiting, no dizziness apnea, no dysphagia or odynophagia.

Hospital Course:

Patient proceeded to the operating room for local wound exploration and removal of plastic foreign body. During the procedure he also underwent bronchoscopy which showed no evidence of bronchial injury. Following surgery he also underwent esophagram which also showed no evidence of penetrating injury. Patient is admitted to the hospital for supportive cares and monitoring. The following day patient denied any difficulty swallowing was able to tolerate a general diet. Pain was controlled with oral analgesics. No new injuries on tertiary exam. This time he stable for discharge.

Follow-up Appointment(s):

Trauma Clinic as needed

[Exhibit#a] [1 of 13 Pages]

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Page 1

Document 28-1

Hospital Sisters Health System

Prude, Terrance MRN: 59332830, DOB: 4/29/1982, Sex: M

03/11/2023 - ED to Hosp-Admission (Discharged) in SVG 8 Surgical (continued)

Discharge Summary (continued)

Discharge Instructions:

Anticoagulation: N/A Antibiotics: Perioperative

Pain Control: Trauma pain meds: Acetaminophen, NSAID and Ice / Heat

Activity: Activity as tolerated

Diet: No restrictions

Wound/drain care: Keep dressing in place for 24 more hours then remove reapply as needed, monitor for

s/sx of infection

Home medication changes: N/A

Disposition:

At this time, patient is deemed appropriate for discharge to Home (General Discharge). A detailed discussion was had about the discharge process with the patient regarding follow-up appointments, pain management, activity restrictions, wound care, and/or signs and symptoms for which the patient should call or go directly to the closest emergency department for. All questions are answered.

Physical Examination at Time of Discharge:

Please refer to the progress note from date of discharge.

Medications at Time of Discharge:

Current Discharge Medication List

START taking these medications

	Details
acetaminophen (TYLENOL) 325 MG tablet	Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed for Pain. Qty: 30 tablet, Refills: 0

Please note greater than 35 minutes was spent in all aspects of the discharge process time with majority occuring at bedside and in Epic chart review.

Thank you, Derrick J Ferry, APNP Trauma and Acute Care Surgery 3/12/2023



Prevea Health 835 S Van Buren St Green Bay, WI 54301 Office (920) 436-1358 (8:00 am-5:00 pm) Contact after hours nurse triage (920) 496-4700 before 8:00 am or after 5:00 pm Fax (920) 431-3169

Electronically signed by Diamick J Farry, APMP at 09/10/23 110/8 Electronically signed by Maynicona A Atilyat, MO at 03/10/23 1754

[Exhibit#a] [a of 13 Pages]

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HSHS 3/16/2023 12:09:11 PM PAGE 3/003 Fax Server

Hospital Sisters Health System

Prude, Terrance MRN: 59332830, DOB: 4/29/1982, Sex: M

03/11/2023 - ED to Hosp-Admission (Discharged) in SVG 8 Surgical (continued)

Discharge Summary (continued)



[Exhibit#a] [3 of 13 Pages]

Generated on 3/16/23 12:06 PM

Page 3

Document Type: Service Date/Time: Result Status: Document Subject: Sign Information: Nursing Narrative Note 3/12/2023 10:13 CDT

Modified Hospital Update

Baker, RN, Ellyn M (3/12/2023 12:43 CDT); Baker, RN, Ellyn M

(3/12/2023 10:19 CDT)

Addendum by Baker, RN, Ellyn M on March 12, 2023 12:43 CDT

1205pm. Bethany RN called report for patient who is being discharged today. Tylenol order will be sent in hardcopy. Pt last Tylenol dose 8 am today.

Pt has gauze and transparent dressing covering wound. No wound care orders given.

Security called to inform. Talked to Mejia about this discharge.

Electronically Signed on 03/12/23 12:43 PM

Baker, Ellyn RN



Bethany RN report: Foreign object successfully removed. Pt still having a lot of pain. Swallow study preformed today - all is good. Currently waiting on provider orders to discharge today or tomorrow.

Electronically Signed on 03/12/23 10:19 AM

Baker, Ellyn RN

Document Type: Service Date/Time: Result Status: Document Subject:

Document Subject: Sign Information:

Nursing Narrative Note 3/11/2023 13:45 CST

Auth (Verified)

Sick call Cold symptoms - seen for foriegn object to neck

Baker, RN, Ellyn M (3/11/2023 13:50 CST)

Pt ambulated to HSU with 2 escorts with an even steady pace. Pt was stabbed in the neck with a foreign object. Object protruding out of right side of the neck bleeding slowly. RN determined Ambulance to be called for an evaluation at the ED. Pt never lost consciousness. He was A&O x4. Security treated his OC sprayed eyes while the RN assessed the wound. Pt whisked away to prepare for transport. RN continued to monitor patient.

Pt asked why he was called to HSU. RN stated cold symptoms. Pt stated he never wrote the HSR.

Ambulance took pt to St. Vincent Hospital. RN called report.

Electronically Signed on 03/11/23 01:50 PM

Baker, Ellyn RN

Document Type: Service Date/Time:

Result Status: Document Subject: Sign Information: Progress Note Generic 4/7/2023 11:00 CDT Auth (Verified)

Phone Call from sister

Merbach, MPAA, Lisa A (4/7/2023 11:05 CDT)

[Exhibit#a] [4 of 13 Pages]

Report Request ID: 6891936

Writer received a phone call from Swera Faraj wanting to discuss Prude, T medical file. I informed her we di not have a 1163A on file for me to speak with her. Sent DOC 1163A to Mr Prude for him to fill out if he would ike us to speak with her.

Electronically Signed on 04/07/23 11:05 AM

Merbach, Lisa MPAA

Document Type: Service Date/Time:

Result Status: Document Subject:

Sign Information:

Progress Note Generic 3/14/2023 09:49 CDT

Auth (Verified) Neck injury, asthma

Daughtry, MD, Barry T (3/14/2023 09:57 CDT)

Subjective

He is being seen for a stab wound in the neck. He was stabbed with a pen and the foreign body was extracted in the emergency room. He has self absorbing sutures in the left neck. Complains of neck pain when he sleeps. He has tylenol for pain. He has asthma which is well controlled.

Objective

Vitals & Measurements

Temperature Temporal Artery: 37.1 Deg C (03/14/23 09:46:00)

Peripheral Pulse Rate: 73 bpm (03/14/23 09:46:00) Respiratory Rate: 14 br/min (03/14/23 09:46:00)

Systolic Blood Pressure: 125 mmHg (03/14/23 09:46:00) Diastolic Blood Pressure: 67 mmHg (03/14/23 09:46:00) Mean Arterial Pressure, Cuff: 86 mmHg (03/14/23 09:46:00)

Physical Exam

Neck: healed laceration left neck about 6-7 cm long with some swelling, no lymphadenopathy or erythema

Oropharynx: benign

General: Alert, no acute distress Lungs: Clear to auscultation

Heart: Regular rate, rhythm, no murmurs, rubs or gallops

Extremities: No edema

Assessment/Plan

 Puncture wound of neck with foreign body Healing, reassurance

2. Asthma

continue inhalers follow up in 2 months

Antisocial personality disorder

Bilateral plantar fasciitis

Encounter for laboratory testing for COVID-19 virus

Encounter for medical care

Ordered:

[Exhibit#a] [5 of 13 Pages]

COPY

Report Request ID: 6891936

acetaminophen, 650 mg = 2 tab, Oral, Tab, QID - SC for 3 days, PRN pain, First Dose: 03/12/23 14:03:00 CDT, Stop Date: 03/15/23 14:02:00 CDT, Next Dispense Date: 03/13/23

Focal hyperhidrosis

Insomnia

Pain in right shoulder

Seasonal asthma

Shoulder pain

Electronically Signed on 03/14/23 09:57 AM

Daughtry, Barry MD



[Exhibit#a] [6 of 13 Pages]

Report Request ID: 6891936

Document Type:

Service Date/Time:

Result Status:

Document Subject:

Sign Information:

Nursing Narrative Note 3/16/2023 11:00 CDT

Auth (Verified)

Neck pain from stabbing

Reindl, RN, Steven (3/16/2023 11:06 CDT)

S-"I had Tylenol ordered and that was helping with the pain but then it stopped yesterday, I have used IBU in the past and it worked better"

O-pt ambulated to HSU with an even steady gait in no acute distress. Pt has full ROM of head with slight discomfort.

Wound L-side neck intact healing with no S/S of infection.

A-Pain AEB pt statement

P-IBU ordered per RN protocol. Pt wil update HSU with any changes or worsening symptoms.

Electronically Signed on 03/16/23 11:06 AM

Reindl, Steven RN

Document Type:

Service Date/Time:

Result Status:

Document Subject:

Sign Information:

Nursing Narrative Note 3/12/2023 15:02 CDT

Auth (Verified)

Hospital to RHU move

Potapenko, LPN, Amy L (3/12/2023 15:03 CDT)

Patient back from the hospital and moved to RHU.

The following medications were placed in the RHU bucket to be brought up to RHU:

Acetaminophen 325mg-12 tabs (nursing protocol order)

Albuterol Inhaler-1 inhaler

Cetirizine 10mg-30 tabs

Alvesco 80mcg-1 inhaler

Electronically Signed on 03/12/23 03:03 PM

COPY

Potapenko, Amy LPN

Document Type: Service Date/Time: Result Status:

Document Subject:

Sign Information:

Nursing Narrative Note 3/12/2023 13:52 CDT

Modified

Hospital Return assessment

Baker,RN,Ellyn M (3/12/2023 14:17 CDT); Baker,RN,Ellyn M

(3/12/2023 14:03 CDT)

[Exhibit#a] [7 of 13 Pages]

Report Request ID: 6891936

P) Discussed organ donation policy #500.30.13. Informed I would submit referral to discuss both items with MD. Mr. Prude versed understanding and appreciative.

Electronically Signed on 04/13/23 04:27 PM

Garland, Shane RN

Document Type: Service Date/Time: Result Status:

Document Subject: Sign Information:

Nursing Narrative Note 4/11/2023 11:12 CDT

Auth (Verified) Phone call

Kilmer, RN, Jennifer L (4/11/2023 11:13 CDT)

Received a phone call from CO Rhome in the SCH that the patient is having neck pain. This is not new for the patient and the patient just saw the ACP for this. I advised the patient write an HSR.

Electronically Signed on 04/11/23 11:13 AM

Kilmer, Jennifer RN

Document Type: Service Date/Time: Result Status: Document Subject: Sign Information: Nursing Narrative Note 3/20/2023 11:07 CDT Auth (Verified) Sick call Neck pain

Matushak,RN,Rachel M (3/20/2023 11:16 CDT)

Patient ambulates to HSU with steady even gait in no acute distress. Patient states that he does not need to be seen that he just needs a long term order for Tylenol. ACP Daughtry contacted. Tylenol ordered for 90 days per ACP. Patient thankful and voiced no other concerns for HSU. Follow up PRN.

Electronically Signed on 03/20/23 11:16 AM

Matushak, Rachel RN



[Exhibit#2] [8 of 13 Pages]

Report Request ID: 6891936

Document Type:

Service Date/Time:

Result Status: Document Subject:

Sign Information:

Nursing Narrative Note

4/13/2023 11:53 CDT

Modified

Cell Search

Potapenko, LPN, Amy L (4/19/2023 16:40 CDT); Potapenko, LPN,Amy L (4/14/2023 14:43 CDT); Potapenko,LPN,Amy L

(4/13/2023 11:55 CDT)

Addendum by Potapenko, LPN, Amy L on April 19, 2023 16:40 CDT

Charge RN went to patients cell to issue a stock card of naproxen on 4/14/23. Patient showed the RN that he has a card of Naproxen already in cell.

Electronically Signed on 04/19/23 04:40 PM

Potapenko, Amy LPN

Addendum by Potapenko, LPN, Amy L on April 14, 2023 14;43 CDT

PC to the SCH to see if the cell search for this patient was conducted. The SCH cage officer cannot confirm if a cell search ws done or not done on this patient. Writer asked for a cell search to be conducted to ensure if patient does or does not have his medication. If cell search is conducted and no Naproxen is found a stock card will have to be issued.

Electronically Signed on 04/14/23 02:43 PM

Potapenko, Amy LPN

Reviewed by: Garland, RN, Shane C

Per patient he does not have his Naproxen 500mg that was checked out of the medication room on 4/11/23. Per MAR medication was not scanned to patient. Writer called the SCH to have a cell search to make sure there was no card of Naproxen in cell before more Naproxen will be issued.

Electronically Signed on 04/13/23 11:55 AM

Potapenko, Amy LPN

Reviewed by: Kilmer, RN, Jennifer L

Document Type: Service Date/Time: Result Status:

Document Subject:

Sign Information:

Nursing Narrative Note 4/13/2023 09:45 CDT

Auth (Verified)

Organ donation inquiry

Garland, RN, Shane C (4/13/2023 16:27 CDT)

S) States he wanted to figure out if he could be a match to donate a kidney to a family member. Also concerned with continued neck pain s/p assault. States current medication is not working.

O) Ambulates to HSU with steady gait and in no acute distress.

A) Informational

[Exhibit#a] [9 of 13 Pages]

Report Request ID: 6891936

Current Wedications list

Inpatient

Order: mirtazapine

Ordering Physician: Rojas, MD, Alexis A

Order Details: 15 mg = 1 tab, Oral, Tab, HS - SC for 350 days, First Dose: 4/18/23 8:00:00 PM CDT, Stop Date: 4/2/24 7:59:00 PM CDT, Next Dispense Date: 08-MAY-2023 09:00:00.00

Order Comment:

Order: bacitracin topical (bacitracin 500 units/g topical ointment)

Ordering Physician: Daughtry, MD, Barry T

Order Details: 1 app, Topical, Form: Ointment, Daily - KOP for 30 days, First Dose: 4/7/23 11:51:00 AM CDT, Stop Date:

5/7/23 11:50:00 AM CDT, Next Dispense Date: 04/07/26

Order Comment:

Order: naproxen

Ordering Physician: Daughtry, MD, Barry T

Order Details: 500 mg = 1 tab, Oral, Tab, BID (AM/PM) - KOP for 90 days, PRN pain, First Dose: 4/11/23 7:30:00 AM

CDT, Stop Date: 7/10/23 7:29:00 AM CDT, Next Dispense Date: 01-MAY-2023 09:00:00.00

Order Comment:

Order: methocarbamo!

Ordering Physician: Daughtry, MD, Barry T

Order Details: 750 mg = 1 tab, Oral, Tab, HS - SC for 3 weeks, PRN muscle spasm, First Dose: 4/11/23 8:00:00 PM CDT,

Stop Date: 5/2/23 7:59:00 PM CDT, Next Dispense Date: 07-APR-2026 09:00:00.00

Order Comment:

Order: acetaminophen (acetaminophen 325 mg oral tablet range dose)

Ordering Physician: Daughtry, MD, Barry T

Order Details: 1 to 2 Tablets, Oral, QID - KOP for 90 days, PRN pain, First Dose: 3/20/23 9:01:00 AM CDT, Stop Date:

6/18/23 7:29:00 AM CDT, Form: Tab, Next Dispense Date: 29-MAR-2023 09:00:00.00

Order Comment:



[Exhibit#a] [10 of 13 Pages]

MRN/DOC: 000335878

Orders

Pharmacy

Order: mirtazapine

Order Date/Time: 4/13/2023 14:11 CDT

Order Status: Ordered

End-state Date/Time: 4/2/2024 19:59 CDT

Ordering Physician: Rojas, MD, Alexis A

Entered By: Rojas, MD, Alexis A on 4/13/2023 14:11 CDT

Order Details: 15 mg = 1 tab, Oral, Tab, HS - SC for 350 days, First Dose: 4/18/23 8:00:00 PM CDT, Stop Date: 4/2/24

7:59:00 PM CDT, Next Dispense Date: 08-MAY-2023 09:00:00.00

Action Type: Modify

Action Date/Time: 4/14/2023 14:55 CDT Electronically Signed By: Schoofs, RPh,

Department Status: Ordered

End-state Reason:

Consulting Physician:

Roberta S

Communication Type: Written

Action Type: Order

Action Date/Time: 4/13/2023 14:11 CDT Electronically Signed By: Rojas,MD,

Alexis A

Communication Type: Written

Order: bacitracin topical (bacitracin 500 units/g topical ointment)

Order Date/Time: 4/7/2023 11:51 CDT

Order Status: Ordered

End-state Date/Time: 5/7/2023 11:50 CDT

Ordering Physician: Daughtry, MD, Barry T

Department Status: Ordered

End-state Reason:

Consulting Physician:

Entered By: Daughtry, MD, Barry T on 4/7/2023 11:51 CDT

Order Details: 1 app, Topical, Form: Ointment, Daily - KOP for 30 days, First Dose: 4/7/23 11:51:00 AM CDT, Stop Date:

5/7/23 11:50:00 AM CDT, Next Dispense Date: 04/07/26

Action Type: Modify

Action Date/Time: 4/7/2023 11:56 CDT Electronically Signed By: Heberlein,

RPh, Gregory W

Communication Type: Written

Action Type: Order

Action Date/Time: 4/7/2023 11:51 CDT Electronically Signed By: Daughtry,MD,

Barry T

Communication Type: Written

Order: naproxen

Order Date/Time: 4/7/2023 11:48 CDT

Order Status: Ordered

End-state Date/Time: 7/10/2023 07:29 CDT

Ordering Physician: Daughtry, MD, Barry T

Department Status: Ordered

End-state Reason:

Consulting Physician:

Entered By: Daughtry, MD, Barry T on 4/7/2023 11:48 CDT

Order Details: 500 mg = 1 tab, Oral, Tab, BID (AM/PM) - KOP for 90 days, PRN pain, First Dose: 4/11/23 7:30:00 AM

CDT, Stop Date: 7/10/23 7:29:00 AM CDT, Next Dispense Date: 01-MAY-2023 09:00:00.00

Action Type: Order

Action Date/Time: 4/7/2023 11:48 CDT Electronically Signed By: Daughtry,MD,

Barry T

Communication Type: Written



Psychiatric

DOCUMENT NAME:

SERVICE DATE/TIME:

RESULT STATUS:

PERFORM INFORMATION:

SIGN INFORMATION:

Psychiatric Progress Note 4/13/2023 14:05 CDT

Auth (Verified)

Rojas, MD, Alexis A (4/13/2023 14:05 CDT)

Rojas, MD, Alexis A (4/13/2023 14:13 CDT)

Telepsychiatry Follow-Up

Subjective/Interval History:

Patient currently in general population. I have reviewed prior PSU and psychiatrist notes. Patient has consented to use of secure video conferencing. Patient is aware of the limits of confidentiality. last visit was January 2023; he wasn't on psych meds and follow up was as needed, says he was stabbed in the neck 3/11/23 by another inmate, says he has nerve damage and required surgery, since then has had nightmares and insomnia. has been hypervigilant around others since the trauma, is interested in restarting mirtazapine which was helpful in the past.

Per most recent PSU clinician note:

Diagnoses:

"Antisocial personality disorder

Insomnia

Med Trials per patient: mirtazapine 15 mg po qhs (effective)

Med Trials per chart:

SA: none per patient.

Medical Dx Hx: shoulder injury per patient, asthma.



Current Medications:

Medications (7) Active

Scheduled: (3)

Bacitracin Topical Oint (TUBE) 1 app, Topical, Daily - KOP

Cetirizine 10 mg Tab 30 (BTL) 10 mg 1 tab, Oral, Daily - KOP

Ciclesonide 80 mcg/inh 6.1 g (INHALER) 80 mcg 1 puff(s), Inhalation, BID (AM/HS) - KOP

Continuous: (0)

PRN: (4)

Acetaminophen 325 mg Tab 1 to 2 Tablets, Oral, QID - KOP

Albuterol HFA 90 mcg/inh 18gm (INHALER) (66993-0019-68) 180 mcg 2 puff(s), Inhalation, QID - KOP

Methocarbamol 750 mg Tab 750 mg 1 tab, Oral, HS - SC

Naproxen 500 mg Tab 500 mg 1 tab, Oral, BID (AM/PM) - KOP

Active Allergies (1)

No Known Medication Allergies

Reaction: None Documented

Mental Status Exam:

Fair grooming. Wearing prison issued clothing. Speech is normal volume, rate and tone. Mood is "ok". Affect is euthymic. Thought process linear and logical. Denies ah and vh. Denies si and hi. Insight is fair. Judgment is fair. Cognition grossly intact.

Impression:

Patient expressed an understanding of the risks, benefits, and alternatives to the treatment plan and consents to the plan. Patient has capacity to consent at this time. Patient vouching for his safety and states he will inform staff if suicidal. Patient appears to be attending to his ADLs with no evidence of grave disability secondary to a psychiatric condition.

Risk Assessment: Risk Elevation From Baseline: Minimal. Baseline: Low.

-Risk Factors: existing psych diagnosis.

-Protective Factors: No organized plan, No current substance misuse, Not intoxicated, Future oriented and hopeful, Intact thought

process, no past attempt, No life threatening illness.

Print Date/Time: 4/21/2023 15:04 CDT

[Exhibit#a][12 of 13 Pages]

Psychiatric

DSM 5 Diagnoses:

Antisocial personality disorder

Acute stress disorder. (trauma was on 3/11/23)

Plan:

- Start mirtazapine 15 mg po qhs for anxiety and insomnia.

- Continue routine follow up with PSU.

RTC: 6 weeks.

Electronically Signed on 04/13/23 02:13 PM

Rojas, Alexis MD



[Exhibit#2] [13 of 13 Pages]

Report Request ID: 6891936

Prude v. Dixon, Case#23-CV-1233

Exhibit#3
Pages 1 of 4

Wisconsin Department of Corrections

Patient: PRUDE, TERRANCE D

Location: Wisconsin Secure Program Facility

Medical Records From: 12/20/2023 00:00 CST

MRN/DOC#: 000335878 Admission Date: 2/16/2001

to 1/31/2024 23:59 CST

DOB: 4/29/1982 Discharge: Gender: Male

Consultations

Document Type: Service Date/Time: Result Status:

Document Subject: Sign Information: Inpatient PT Evaluation 12/22/2023 12:46 CST

Auth (Verified)

Inpatient PT Evaluation

Bothfeld, PT, Nathaniel S (12/22/2023 15:58 CST)

Inpatient PT Evaluation Entered On: 12/22/2023 12:51 CST Performed On: 12/22/2023 12:46 CST by Bothfeld, PT, Nathaniel S

General Info

Pain Present: Yes actual or suspected pain

PT General Information Subjective History: SUBJECTIVE:

Per pt report/EMR/WICS Conduct Report; pt was stabbed with a pen by another PIOC on 3/11/23 while in GBCI HSU; the pen went into the neck, left/lateral to the trachea/esophagus and broke off; neck pain sx have improved vastly since then but still a 2/10 PR on average and a 4/10 PR at worst; he is currently on AC; he works out in the cell performing frog hops, burpees, push ups, tyson push ups and sit ups and crunches; he takes Naproxen for pain management

OBJECTIVE:

Gait is normal. Transfers are normal. Pt rear cuffed and escorted by CO on RHU. Cervical AROM is WFL in all planes. Scar present left of the throat present. Forward head posture observed. Verbally instructed pt on HEP: form, parameters and rationale and deep cervical flexor mm strength and endurance normative values.

Bothfeld, PT, Nathaniel S - 12/22/2023 15:58 CST

Orientation: Oriented x 4

Affect/Behavior: Appropriate, Calm, Cooperative Safety/Judgment: Able to find way around unit

Basic Command Following: Intact

Bothfeld, PT, Nathaniel S - 12/22/2023 12:46 CST

Pain Assessment

Pain Location: Neck Laterality: Bilateral Quality: Aching

Time Pattern: Intermittent

Onset: Gradual

Self Report Pain: Numeric rating scale

Numeric Pain Scale: 4

Acceptable Numeric Pain Scale: 0 = No pain

Numeric Pain Score: 4

Numeric Pain Acceptable Intensity Score: 0

Bothfeld, PT, Nathaniel S - 12/22/2023 15:58 CST

Mobility

Mobility Grid

Roll Left: Complete independence
Roll Right: Complete independence
Supine to Sit: Complete independence

Report Request ID: 7406479

Exhibit#3 [1 of ! Pages]

Print Date/Time: 2/1/2024 13:10 CST

Consultations

Sit to Supine: Complete independence Scooting: Complete independence

Transfer Sit to Stand: Complete independence Transfer Stand to Sit: Complete independence

Transfer Bed to and From Chair: Complete independence

Transfer Toilet: Complete independence

Bothfeld, PT, Nathaniel S - 12/22/2023 12:46 CST

Ambulation Level: Complete independence

Stairs: Does not occur

Bothfeld, PT, Nathaniel S - 12/22/2023 12:46 CST

Assessment

PT Impairments or Limitations: Muscle weakness, Myofascial pain

Treatment Recommendations: 41 yo male reporting chronic anterior and posterior neck pain 9 months s/p being stabbed in the left anterior neck by a pen during an assault that occurred while in GBCI HSU. AROM of the cervical spine is full in all planes and pt is I with all ADLs and is able to perform his normal calisthenics/exercise regimen but pt still reporting mild neck pain and stiffness that rates from 2-4/10 PR in severity. Pt was instructed on PT HEP: form, parameters and rationale and we discussed POC and pt agrees to adhere to the PT HEP. HEP dispensed to pt's unit and PT f/u scheduled for in 2 weeks.

Bothfeld, PT, Nathaniel S - 12/22/2023 15:58 CST

Education

Teaching Method: Demonstration, Explanation, Printed materials, Teach-back

Bothfeld, PT, Nathaniel S - 12/22/2023 12:46 CST

Physical Therapy Education Grid

Exercise Program: Verbalizes understanding, Demonstrates Physical Therapy Plan of Care: Verbalizes understanding

Bothfeld, PT, Nathaniel S - 12/22/2023 12:46 CST

Long Term Goals

PT Patient, Caregiver Goal: "Not have neck pain anymore."

Bothfeld, PT, Nathaniel S - 12/22/2023 12:46 CST

PT Long Term Goals Grid

	Long Term Goal 1
Goal :	SEE STGs
	Bothfeld, PT,
	Nathaniel S -
	12/22/2023 12:46
	CST

PT Short Term Goals

Other PT Goals Grid

	Goal #1	Goal #2	Goal #3
Goal :	Perform HEP, I	Adhere to PT HEP, 3-5x/week for 12 weeks	Demonstrate full and normal deep cervical flexor mm strength and endurance, assessed via Chin Tuck, Head Lift Test, 1-3'
Status :	Progressing, continue	Progressing, continue	Progressing, continue

[Exhibit#3] [a of # Pages]

Report Request ID: 7406479 Print Date/Time: 2/1/2024 13:10 CST

Consultations

The state of the s	Bothfeld, PT,	Bothfeld, PT,	Bothfeld, PT,
	Nathaniel S -	Nathaniel S -	Nathaniel S -
	12/22/2023 15:58	12/22/2023 15:58	12/22/2023 15:58
	CST	CST	CST

Plan

Frequency: 2 times per month

Duration: 12 Weeks

Treatments Planned: Electric modalities, Pain management, Patient education, Therapeutic exercises

Treatment Plan/Goals Established With Patient/Caregiver: Yes

Other PT Treatment Provided: Composed and instructed pt on initial HEP; form, parameters and rationale.

Evaluation Complete: Yes

Bothfeld, PT, Nathaniel S - 12/22/2023 12:46 CST

Time Spent With Patient PT

PT Evaluation units moderate: 3 units

Bothfeld, PT. Nathaniel S - 12/22/2023 15:58 CST

Additional Information

Additional Information PT: Dx: Chronic Neck Pain, DOI/MOI: 3/11/2023 via Stab Wound Left of Throat with a Pen in

GBCI HSU

HEP:

-Cervical Retraction, 10 x 10 x 2-5 second hold/daily

-Prone Y, T, I, 3-5 x 10-20 reps, hold for 5-10 second hold, 2-3 days/week

-Supine Cervical Self Applied Traction, PRN, 1-3 x 1-3'

-Supine Chin Tuck, Head Lift, 3-5 x 1', 2-3 days/week

-AROM of Cervical Spine: 10 x 10 reps/daily, in all planes

-Cued pt to maintain cervical retraction during his calisthenic regimen

Bothfeld, PT, Nathaniel S - 12/22/2023 15:58 CST

[Exhibit#3] [3 of # Pages]

State of Wisconsin **Department of Corrections**

Patient Information

000335878 MRN:

Name:

PRUDE, TERRANCE D

Location:

WSPF_AR1

Room:

Date of Birth:

111 L 04/29/82 41 Years

Age:

Male

Sex: Height:

Weight:

Admitting Diagnosis:

Allergies: No Known Medication Allergies

FIN:

200102160101335878

Admit Date:

02/16/01

Attending MD:

Degiovanni, MD, Gina E-Signed By: Degiovanni, MD, Gina

8386 Days

Order Action: Order

Ordering Information

Order: TENS UNIT

Requested Start Date/Time:

01/05/23 15:03:00 CST

Duration:

90

Duration Unit:

days

Stop Date/Time:

04/05/23 16:02:00 CDT

Patient's Location - Facility:

WSPF

Special instructions:

TENS Unit. Chronic Posterior Neck Pain. 90 days. 1 unit, 2 leads, 4 electrodes, 1 9V battery, all present and working.

Dispensed on 1/5/2024.

Order ID: 1439968641

Comments:

Ordered By: Bothfeld, PT, Nathaniel S

Order Date/Time:

02/01/24 CST

Communication Type: Written